

175

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>133</u>	
District of <u>Phoenix</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>81</u>	
Town of <u>Suspiration</u>		Local Registrar's No. _____	
City of _____	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD <u>Alberto Trujillo</u>		Born	Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar.		Alive	<u>NO</u>
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth <u>3</u>
		Legitimate? <u>yes</u>	Date of Birth <u>Feb 5</u> 192 <u>1</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Alberto Trujillo</u>	Full Maiden Name <u>Concepcion Madero</u>		
Residence <u>Suspiration</u>	Residence <u>Suspiration</u>		
Color or Race <u>Mex.</u>	Color or Race <u>Mex.</u>		
Age at last Birthday _____ (Years)	Age at last Birthday <u>30</u> (Years)		
Birthplace <u>Mexico</u>	Birthplace <u>Mexico</u>		
Occupation <u>miner</u>	Occupation <u>housewife</u>		
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Feb 5</u> 192 <u>1</u> , at <u>11</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>A. M. Carr</u>	
Given or Christian name added from a supplemental report _____ 192 _____		(Attending physician, midwife, householder. *)	
Address <u>Suspiration, Ariz.</u>			
Filed <u>Feb 23</u> 192 <u>1</u>		LOCAL REGISTRAR.	
136-205-346		B. G. J. Cox	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	